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ABSTRACT

This paper discusses how the 50 states and 7 jurisdictions that participate in the Part H program under the Individuals with Disabilities Education Act (IDEA) for infants and toddlers define "developmental delay." A table summarizes all the states' and jurisdictions' definitions and their approaches to serving children at risk of having substantial developmental delay. It identifies three categories of risk for adverse developmental outcomes used by many states: established risk, biological/medical risk, and environmental risk. It notes that many definitions address effects of multiple risk factors. The summary table lists the following for each state: level of developmental delay required for eligibility; whether at-risk infants and toddlers are served; and comments. (Contains 10 references.) (DB)



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# State and Jurisdictional Eligibility Definitions for Infants and Toddlers With Disabilities Under IDEA[1]

by
Jo Shackelford

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A major challenge to state and jurisdictional policy makers in implementing the Early Intervention Program for Infants and Toddlers with Disabilities (Part H, to be renamed Part C on July 1, 1998) under the Individuals with Disabilities Education Act (IDEA) is determining definitions of developmental delay and criteria of eligibility for services to young children, birth through 2 years of age, and their families. Under Part H, participating states and jurisdictions must provide services to two groups of children: those who are experiencing developmental delays, and those who have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay. In addition, states may choose to serve children who are at risk of having substantial developmental delays if early intervention services are not provided. *(See Figure 1 on page 2 for the statutory language relating to eligibility that will take effect on July 1, 1998, under Part C of the IDEA Amendments of 1997.)*

The task of defining the eligible population has been a challenge for states. Eligibility criteria influence the numbers and types of children needing or receiving services, the types of services provided, and ultimately the cost of the early intervention system. A few states have revised their definitions in an attempt to reduce the number of children eligible for services, especially if the state has experienced financial difficulties. Soon after the creation of the Part H program under IDEA, many states indicated that they would serve children at risk, but this number decreased as concerns increased about costs. Several states that are not serving children at risk under their definition indicate that they will monitor the development of these children and refer them for early intervention services as delays are manifested.

This paper discusses how the 50 states and 7 jurisdictions that participate in the Part H program define developmental delay and, as applicable, at risk in

[1] The information in this paper reflects the provisions of federal statute and regulations that had been adopted at the time of publication. These are the IDEA Amendments of 1997, which, for the Program for Infants and Toddlers With Disabilities, become effective on July 1, 1998; and the 1993 regulations from the U.S. Department of Education, which were developed under the preceding IDEA statute and which are effective through June 30, 1998.

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their definition of eligibility for services. Table 1 displays a summary of states' and jurisdictions' definitions of developmental delay and, as applicable, their approaches to serving children who are at risk of having substantial developmental delay.

## Criteria for Definitions of Developmental Delay

Although the regulations under Part H specify the developmental areas that are to be included in states' definitions of developmental delay (U. S. Department of Education (USDE), 1993; see 34 CFR §303.16(a)(1)), states must identify appropriate diagnostic instruments, procedures (including the use of informed clinical opinion), and levels of functioning or other criteria that will be used to determine eligibility. A review of state eligibility definitions under Part H reveals that states are expressing criteria for delay quantitatively — such as (a) the difference between chronological age and actual performance level expressed as a percentage of chronological age, (b) delay expressed as performance at a certain number of months below chronological age, or (c) delay as indicated by standard deviation below the mean on a norm referenced instrument — and qualitatively — such as delay indicated by atypical development or observed atypical behaviors. A few states have developed a matrix of criteria for delay, differentiating the amount of delay according to the age of the child in months. The rationale for this is that a 25% delay in a 1-year-old's development, for example, is quite different from a 25% delay in a 3-year-old's development (Harbin, Gallagher, & Terry, 1991; Shonkoff & Meisels, 1991).

There is wide variability in the type of quantitative criteria states use to describe developmental delay, and there also is a wide range in the level of delay states require for eligibility. Common measurements of level of delay are 25% delay or 2 standard deviations (SD) below the mean in one or more developmental areas, or 20% delay or 1.5 SD in two or more areas. Traditional assessment instruments, yielding scores in standard deviations or developmental age in months, may not adequately address some developmental domains, or may not be comparable across developmental domains or across age levels (Benn, 1994; Meisels, 1991). For this reason, some states have included qualitative criteria for determining developmental delay. This type of criterion includes findings of atypical behavior.

Because there are an insufficient number of reliable and valid instruments for the birth-through-2 age group and questionable predictive validity for available instruments, determining delay by traditional assessment can be problematic (Benn, 1994; Shonkoff & Meisels, 1991). For that reason, the Part H regulations require that informed clinical opinion be included for eligibility determination (USDE, 1993; see 34 CFR §303.322(c)(2)). Informed clinical opinion relies on qualitative and quantitative information to determine the need for early intervention services, and typically is derived from the consensus of a multidisciplinary team that includes parents and information from multiple sources (Benn, 1994; Biro, Daulton, & Szanton, 1991; Harbin et al., 1991). Several states determine eligibility only through informed clinical opinion.

## Inclusion of Risk Factors

Three categories of risk for adverse developmental outcomes that are frequently described by states are established risk, biological/medical risk, and environmental risk. Children with an established physical or mental condition with a high probability of resulting in developmental delay are, under IDEA, eligible for

### Figure 1
### Definitions Related to Eligibility Under Part C of the IDEA Amendments of 1997

Under Part C of IDEA, states *must provide* services to any child "under 3 years of age who needs early intervention services" (20 U.S.C. §1432(5)(A)) because the child:

"(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

(ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (20 U.S.C. §1432(5)(A)).

A state also *may provide* services, at its discretion, to at-risk infants and toddlers. An at-risk infant or toddler is defined under Part C as "an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual" (20 U.S.C. §1432(1)).

services. If a state decides to include in its eligibility definition children with other risk factors, it must delineate the criteria and procedures (including the use of informed clinical opinion) that will be used to identify those children. The IDEA Amendments of 1997 encourage states "to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services" (20 U.S.C. §1431(b)(4)). The Amendments also allow states that do not serve infants and toddlers who are at risk to use IDEA funds to identify, evaluate, refer, and conduct periodic follow-up on each referral to determine any changes in eligibility status (see 20 U.S.C. §1438(4)).

***Established Risk.*** IDEA requires states to provide services to children who have conditions of established risk. A condition of established risk is defined as a "diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (20 U.S.C. §1432(5)(A)(ii)). These conditions include, but are not limited to, "chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders" (USDE, 1993; see 34 CFR §303.16, Note 1). Children in this category are eligible for services under Part H of IDEA by virtue of their diagnosis, regardless of whether a measurable delay is present.

Although many states have mirrored the Part H regulatory language in listing diagnosed conditions in their eligibility definitions, several states have included many other conditions in their eligibility definitions. This may be because there is less agreement among professionals about what other conditions might be included in this category versus the biological/medical risk category. Accompanying their list of diagnosed conditions, many states use the phrase "but is not limited to the following" to allow flexibility for other conditions to be accepted for eligibility.

***Biological/medical risk.*** Children with a history of significant biological or medical conditions or events have a greater chance of developing a delay or a disability than children in the general population. Examples of biological/medical risk conditions that states have listed include low birthweight, intraventricular hemorrhage at birth, chronic lung disease, and failure to thrive.

Biological/medical risk conditions do not invariably lead to developmental delay, and many children who have a history of biological events will do well developmentally with or without services (Shonkoff & Meisels, 1991). Therefore, a comprehensive child and family evaluation by a multidisciplinary team (MDT) is necessary to determine (a) eligibility and (b) the appropriate intervention services (Shonkoff & Meisels, 1991).

***Environmental Risk.*** Children at environmental risk include those whose caregiving circumstances and current family situation place them at greater risk for delay than the general population. Examples of environmental risk factors which states have listed include parental substance abuse, family social disorganization, poverty, parental developmental disability, parental age, parental educational attainment, and child abuse or neglect.

As with children at biological/medical risk, environmental risk factors do not invariably result in delay or disability. Therefore, an MDT's comprehensive evaluation is essential to determining eligibility and appropriate services.

***Single vs. Multiple Risk Factors.*** No single event or risk factor reliably predicts developmental outcome. The greater the number of both biological/medical and/or environmental risk factors, the greater the developmental risk. Research shows, however, that there can be factors in a child's caregiving environment that may mediate the impact of risk factors. These may include temperament of the child, high self-esteem, good emotional relationship with at least one parent, and successful learning experiences (Benn, 1991; Knudtson et al., 1990). Assessments should address multiple and cumulative risk criteria, both biological and environmental, and consider the resilience or protective factors, within a context of change over time (Kochanek, Kabacoff & Lipsitt, 1990; Shonkoff & Meisels, 1991).

Some states that serve at-risk children under Part H use a multiple risk model with a range of three to five risk factors required for eligibility for services. A few states require less delay for eligibility when envi-

ronmental and/or biological/medical risk factors also are present.

### Summary of Part H Definitions

Table 1, at the end of this paper, summarizes the policies of states and other governing jurisdictions regarding the definition of developmental delay for Part H eligibility and the provision of services for at-risk children. The author gathered this information from the most recent copy of states' Part H applications provided to NEC*TAS by the Office of Special Education Programs (OSEP) or by the state Part H program coordinators, and from personal communication with Part H coordinators. The Table is divided into four categories: Source, Level of Developmental Delay Required for Eligibility, Serving At-Risk, and Comments.

***Source.*** Source indicates the fiscal year of the state's Part H application from which the eligibility data has been obtained. Some states have submitted a 3-year application for participation; for these states, the 3-year period is noted along with the corresponding fiscal year period. Some other states submitted a mid-cycle report as part of their 3-year application.

***Level of Developmental Delay Required for Eligibility.*** State criteria for delay are indicated in different ways. Those measured by assessment instruments are expressed in standard deviation (SD), percent delay, delay in months, or developmental quotient (DQ). Other determinants include informed clinical opinion or the judgment of an MDT. Areas refer to the five developmental areas cited in the law: "cognitive development, physical development, communication development, social or emotional development, and adaptive development" (20 U.S.C. §1432(5)(A)(i)).

***Serving At-Risk.*** Whether or not a state has elected to serve at-risk children under its Part H program is indicated. If a state is serving only particular categories of at-risk (e.g., biological/medical risk), the eligible category as identified by the state is indicated.

***Comments.*** This column provides several kinds of information. For those states that have elected not to serve at-risk under Part H, the intent to track, screen, or monitor this population or to study the feasibility of serving at-risk is described if the state has so indicated. Other relevant observations about a state's eligibility criteria also are included, such as state-developed lists of risk factors or established conditions.

State definitions are current as of publication date, but may change as states redefine their eligible population. NEC*TAS maintains files on states' Part H eligibility criteria and can provide updated information on request.

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# Table 1
## State and Jurisdictional Eligibility Definitions Under Part H of IDEA

| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| Alabama | FY97 | 25% delay in one or more areas | NO | Considering additional studies of serving at-risk. |
| Alaska | FY97 | 50% delay or equivalent standard deviation (SD) below the norm in one area; multidisciplinary team (MDT) clinical opinion to document atypical development | NO | List of established conditions titled "Disabling Conditions." |
| American Samoa | FY96 | 25% delay in one area; or 25% age delay as follows:<br>6 months: delay of 1.5 months or more<br>1 year: delay of 3 months or more<br>1-1/2 years: delay of 4-1/2 months or more<br>3 years: delay of 9 months or more<br>or professional judgment | NO | Will provide follow-up to at-risk. |
| Arizona | FY96-98 | 50% delay in one or more areas | NO | Provides developmental tracking of at-risk. |
| Arkansas | FY95 | 2 SD or 35% delay in months in one area for birth to 18 months; 2 SD in one area, 1.5 SD in two areas, or 25% delay in months for age 18-36 months | YES (Medical/ Biological) | At-risk includes children who have medical conditions known to increase statistical risk for long-term medical and developmental problems including "medical conditions resulting from environmental problems like failure to thrive or child abuse." |
| California | FY94-96 | Significant difference between expected level of development and current level of functioning as determined by qualified MDT, including parents; atypical development determined by informed clinical opinion | YES (Biomedical) | Risk due to a combination of biomedical factors diagnosed by qualified clinicians. |
| Colorado | FY95-97 | Significant delay in one or more domains | NO | Part H will coordinate with other state and local efforts to assist children at risk. |
| Connecticut | FY96 | Greater than 2 SD in one area; greater than 1.5 SD in two areas; or informed clinical opinion | NO | Track, monitor, and refer children found not eligible. |

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.



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| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| **Delaware** | FY95-97 | 25% delay in one area; and/or MDT clinical judgment; and/or standardized test scores (when available) of 1.75 SD below the mean. | NO | List of established conditions. |
| **Department of the Interior** — Receives Part H allocation which then is distributed by the Department to tribes. | | | | |
| **District of Columbia** | FY94-96 | 50% delay in one or more areas | NO | Will refer and track at-risk. |
| **Florida** | FY95-97 | Corrected for gestational age for first 24 months of age; 1.5 SD in one area or 25% delay in months in one area; atypical functioning documented by qualified professionals from two or more disciplines | NO | |
| **Georgia** | FY96 | 2 SD in one area; 1.5 SD in two areas; or informed clinical opinion only when no appropriate standardized measure is available | NO | List of established conditions, including atypical development and severe attachment disorders. |
| **Guam** | FY92-94 | 2 SD in one area; 1.5 SD in two areas; atypical development | YES (Biological and Environmental) | Extensive list of established physical, mental conditions. Examples of atypical developmental disorders. List of environmental risk conditions; eligibility requires five or more environmental risk factors. |
| **Hawaii** | FY95-97 | MDT consensus; no level of SD or % delay specified | YES (Biological and Environmental) | Documented biological risk. Environmental risk is documented by interim care coordinator. |
| **Idaho** | FY95-97 | 30% below age norm or 6 months delay, whichever is less, or 2 SD in one area; 1.5 SD in two areas; informed clinical opinion | NO | Screens and tracks at-risk. These children may be eligible "based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly possible." Extensive list of established conditions. |
| **Illinois** | FY96-98 | 40% below mean in one area as measured by an appropriate diagnostic instrument specific to the area of delay, or 50% below the mean as measured by a global assessment instrument that assesses multiple areas of delay, or informed clinical opinion. | NO | |

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| **Indiana** | FY97 | 1.5 SD in one area or 20% below chronological age; 1 SD in two areas or 15% below chronological age in two areas; informed clinical opinion | YES (Biological) | Seven biological risk factors defined. Only one risk factor necessary for eligibility.. |
| **Iowa** | FY96-98 | 25% below age in one or more areas; professional judgment of an MDT | NO | Children at high risk are served by partnering agencies and services in local communities.. |
| **Kansas** | FY94-96 | 25% delay or 1.5 SD in one or more areas; 20% delay or 1 SD in two areas; clinical judgment | NO | Tracking, monitoring, and serving at-risk are based on local discretion and funding. |
| **Kentucky** | FY97 | 2 SD in one area; 1.5 SD in two areas or equal to or less than 75% Developmental Quotient (DQ) in one area; or clinical judgment if atypical development or in absence of standardized measures | NO | List of established conditions. |
| **Louisiana** | FY97 | Delay in one or more areas, determined by MDT, including family, based on multisource data; team decision-making process described | NO | List of established conditions; will continue to consider serving at-risk; currently considering redefining eligibility criteria to incorporate young children, ages birth through 9 years, including at-risk factors.. |
| **Maine** | FY94-96 | For birth through 2 years, significant difference between age-expected level of development and current level of functioning as determined by parents and professionals on MDT. | NO | Lists of established conditions and biological factors. Biological factors (two or more) trigger evaluation for developmental delay.. |
| **Marshall Islands** — Not currently eligible for this federal program. | | | | |
| **Maryland** | FY95 | 25% delay in one area; atypical development/ behavior; professional judgment | NO | Track and refer at-risk. |
| **Massachusetts** | FY97 | Guideline: Developmental delay in one or more area:<br>Age 6 months — 1.5 months delay<br>Age 12 months — 3 months delay<br>Age 18 months — 4 months delay<br>Age 24 months — 6 months delay<br>Age 30 months — 6 months delay | YES (Biological and Environmental) | Eligibility requires presence of five or more risk factors from either of two lists of child or family characteristics (operationally, presence of four risk factors required for eligibility). |

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.



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| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| **Michigan** | FY97-99 | Informed clinical judgment of MDT and parents; multiple sources of information including developmental history, observational assessment, recent health status appraisal, and an appropriate formal assessment measure (standardized developmental test, inventory, or behavioral checklist). | NO | At-risk not entitled to services under Part H, but local service areas may choose to serve this population. Biological and environmental risk factors described; children are considered at risk for substantial developmental delay based on parental and/or professional judgment and presence of four or more risk factors. |
| **Micronesia** — The Federated States of Micronesia is not currently eligible for this federal program. | | | | |
| **Minnesota** | FY94-96 | Substantial delay in one or more of the following developmental areas with the following criteria:<br>*Cognitive*: total score of 1.5 SD below the mean<br>*Communication*: 2.0 SD below the mean<br>*Physical Development*:<br>Motor: 2.0 SD below mean for children birth-18 months<br>Physically Impaired: 1.0 SD below mean<br>Hearing: medical documentation and informed clinical opinion<br>Vision: medical documentation and informed clinical opinion<br>*Social or Emotional*: informed clinical opinion<br>*Adaptive Development*: informed clinical opinion<br>*Noncategorical criteria*: delay in overall development demonstrated by a composite score of 1.5 SD below the mean | NO | State adopted the early childhood special education eligibility criteria as eligibility definition under Part H. |
| **Mississippi** | FY94-96 | 1.5 SD or 25% delay in one or more areas; informed clinical opinion | NO | Will track and refer at-risk children. |
| **Missouri** | FY97 | 50% delay in one area or atypical development; professional judgment | NO | Extensive list of established conditions. |
| **Montana** | FY96-98 | 50% delay in one area or 25% delay in two areas; informed clinical opinion | NO | Lists professionals qualified to assess each developmental area. Children at-risk are served under the state-funded Family and Education Support discretionary program. |

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| **Nebraska** | FY94-96 | 1. ***"Cognitive"***<br>*Mental Handicap* — 2.0 SD deficit in intellectual functioning with 1.3 SD deficit in adaptive behavior, or 2.0 SD deficit in adaptive behavior with 1.3 SD deficit in intellectual functioning; or medical condition or syndrome which can be expected to produce such delay later.<br>2. ***"Communication"***<br>Significant difficulty in one or more of the following areas:<br>*Language* — 2.0 SD below mean on comprehensive language test;<br>*Articulation* — Significantly disordered speech production;<br>*Voice* — Chronic voice deviance; and<br>*Fluency* — Disfluence with adverse affect on development or educational performance.<br>3. ***"Adaptive"***<br>*Autism* — Severe developmental and educational problems exhibited in atypical behavior.<br>4. ***"Physical"*** (including vision and hearing)<br>*Visual Impairment* — Verified in one of three categories: blind, legally blind, or partially sighted<br>*Hearing Impairments* — Documentation by audiologist of hearing loss that has or can be expected to result in significant delays, i.e., 1.3 SD below the mean in one or more areas: receptive/expressive language, speech production or cognition, or social/behavior disability.<br>*Deaf Blindness* — Meets verification criteria for both hearing and visual impairments.<br>*Continued* | NO | State adopted the early childhood special education eligibility criteria as eligibility definition under Part H. |

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.





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| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| **Nebraska, *cont'd*** | | *4. **"Physical," cont'd***<br>*Orthopedic Impairments* — Physician documentation of muscular or neuromotor impairment or skeletal deformity that limits ability to: move about, maintain postures, manipulate materials required for learning, or perform activities of daily living.<br>5. ***"Social or Emotional"***<br>*Autism* — As described above<br>*Behavior Disorder* — Situationally appropriate behavior deviates substantially from age group with frequency, intensity, and duration; demonstrates deficit of 1.3 SD in one or more of the following areas: intellectual functioning, communication, or at least one component of adaptive behavior.<br>6. ***"Other"***<br>*Multiple Impairments* — Mental handicap and one or more additional disabilities.<br>*Traumatic Brain Injury* — Medical documentaion and evidence of impaired functioning in one or more areas: cognition, sensory, motor, or behavior.<br>*Other Health Impairment* — Physician report; limited strength, vitality, or alertness due to a chronic or acute health impairment that adversely affects development or educational performance. | | |
| **Nevada** | FY96 | 50% delay in one or more areas adjusted for gestational age less than 36 weeks | NO | |
| **New Hampshire** | FY96-98 | Atypical behaviors documented by qualified personnel and the family; or 25% delay in one or more areas | YES | At risk means chld is experiencing five or more conditions, events, or circumstances affecting the child or parent. List included. |
| **New Jersey** | FY95-97 | 33% delay in one area; 25% delay in two or more areas based on corrected age for infants born before 38 weeks gestation and applying until age 24 months | NO | |

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| **New Mexico** | FY94-97 | 25% delay in one area or score that indicates significant delay as defined by that instrument; for less than 12 months of age, clinical judgment only can be used to determine eligibility | YES | Biological/medical and environmental at-risk. |
| **New York** | FY96-99 | 1) 12 month delay in one area, or<br>2) 33% delay in one area or 25% delay in two areas, or<br>3) 2 SD in one area or 1.5 SD in two areas, or<br>4) informed clinical opinion by MDT | NO | |
| **North Carolina** | FY96-98 | 1.5 SD in one area or 20% delay in months for birth to 36 months; atypical development | YES (Biological and Environmental) | At-risk called High Risk Potential and requires three risk indicators. Atypical development defined, including "substantiated physical, sexual abuse, and other environmental situations that raise significant concern regarding a child's emotional well-being." |
| **North Dakota** | FY95 | 50% delay in one area; 25% delay in two or more areas; informed clinical opinion. | NO | |
| **Northern Marianas** — Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981. | | | | |
| **Ohio** | FY95-97 | Child has not reached developmental milestones for chronological age in one or more areas — a "measurable delay" (at least two standardized tools or measures); or informed clinical opinion | NO | List of established, biological, and environmental risk factors. Children at risk served through Ohio Early Start, an initiative of Ohio Family and Children First. |
| **Oklahoma** | FY97 | 50% delay in one area; 25% delay in two or more areas | NO | List of established conditions; child is eligible if condition appears on list; if condition is not on list, child is evaluated for developmental delay; if child does not exhibit delay consistent with eligibility criteria, decision is referred to state-level medical review committee. |
| **Oregon** | FY96-98 | 2 SD in one area; 1.5 SD in two or more areas. | NO | |
| **Palau** — Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981. | | | | |

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.


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| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| **Pennsylvania** | FY95-97 | 25% delay or 1.5 SD in one area; informed clinical opinion | NO | Children at risk are eligible for tracking and periodic screening. Defines at risk. |
| **Puerto Rico** | FY96-98 | Quantitative and qualitative criteria listed for each area.<br>*Growth development deviations*: percentiles specified<br>*Motor skills*: 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays<br>*Visual and hearing impairment*: clinical judgment<br>*Cognitive*: 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; developmental index between 1-2.0 SD plus consistent delays in other areas; informed clinical opinion based on atypical development or observed behaviors<br>*Communication*: 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; informed clinical opinion<br>*Social-Emotional*: informed clinical opinion<br>*Adaptive*: informed clinical opinion | NO | Tracking children at risk and periodic follow-up at at-risk-clinics; mostly medical (biological) risk factors. |
| **Rhode Island** | FY96-98 | 25% delay and/or 2.0 SD in one or more areas; 1.5 SD in two areas; or clinical opinion — significant and observable atypical behaviors | NO | Describes single and multiple established conditions. Single conditions involve diagnoses which are known to result in developmental delay. Multiple established conditions include all diagnoses, events, and circumstances which, in combination, are known to result in developmental delay. Definition does not include children who are at risk. List of child- and parent-centered conditions. Four or more positive findings are considered sufficient for eligibility. |
| **South Carolina** | FY97-99 | 2.0 SD or 30% delay in one area; 1.5 SD or 22% delay in two areas; informed clinical opinion; correction for prematurity for infants born at less than 38 weeks gestation made until age 2 years | NO | Table of established conditions with diagnostic criteria for eligibility. |

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| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| South Dakota | FY96-98 | 25% below normal age range or 6-month delay, or demonstrating at least a 1.5 SD delay in one or more areas | NO | |
| Tennessee | FY95-97 | 25% delay in two or more areas; 40% delay in one area; informed clinical opinion | NO | List of established conditions. |
| Texas | FY96-99 | Delay in one or more areas, specific level of delay determined by test performance; ages 2 months or less, documented atypical behaviors; ages 2-12 months, delay of 2 months in one area; 13-24 months, delay of 3 months in one area; 25-36 months, delay of 4 months in one area; atypical development | NO | Adjustment for prematurity up to 12 months; may not adjust for more than 2 months prematurity; criteria for atypical development included. |
| Utah | FY95-97 | More than 2.0 SD or below 2nd percentile in one area; more than 1.5 SD or below 7th percentile in two areas; more than 1.0 SD or below 16th percentile in three areas; clinical opinion | NO | Tracking and monitoring at-risk. |
| Vermont | FY97-99 | Clearly observable and measurable delay in one or more areas at the level that child's future success in home, school, or community cannot be assured without provision of early intervention services; clinical judgment including family input | NO | List of conditions at high probability for developmental delay. Exit criteria listed. |
| Virgin Islands — Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981. | | | | |
| Virginia | FY97 | 25% delay in one area or atypical development | NO | Tracking system for infants at high risk is in place in four regional perinatal centers and health districts; evaluating for possible statewide expansion. Atypical development defined. List of established conditions. |
| Washington | FY94-96 | 1.5 SD or 25% delay in one area; informed clinical opinion by MDT | NO | Provides family resources coordination (FRC) for all families referred from the time a concern is identified through completion of evaluation/ assessments. If this child is determined not to be eligible, FRC services are no longer continued.. |

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| State | Source[1] | Level of Developmental Delay Required for Eligibility[2] | Serving At-Risk | Comments |
|---|---|---|---|---|
| West Virginia | FY96-99 | A developmental delay or atypical development in one or more areas, determined by a MDT including the family, and supported by observation, measurement, and/or clinical judgment. | YES (Biological and Environmental) | List of established conditions; at-risk category requries at least four risk factors; list of risk factors included; tracking system for children who have not met eligibility criteria, or if families desire follow-up screening, or if families choose not to participate but desire follow-up information. |
| Wisconsin | FY95 | 25% delay or 1.3 SD in one area; or clinical opinion — MDT decision; or atypical development | NO | Atypical development defined. List of established conditions, including "addiction at birth." Will continue to seek funding to study and identify the needs and resources required to serve the at-risk population. |
| Wyoming | FY95-97 | 1.5 SD or 25% delay in one or more areas; clinical opinion | NO | |

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